



FH

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

HMO/155325

PRELIMINARY RECITALS

Pursuant to a petition filed February 04, 2014, under Wis. Stat. § 49.45(5)(a), and Wis. Admin. Code §HA 3.03, to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on March 11, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether the petitioner's HMO correctly denied a prior authorization (PA) request for an upper partial denture.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

||

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Liz Bartlett, General Counsel, iCare
iCare
1555 N. Rivercenter Drive
Suite 206
Milwaukee, WI 53212

ADMINISTRATIVE LAW JUDGE:

Kelly Cochrane
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Milwaukee County.
2. Petitioner enrolled in i-Care effective September 1, 1998. i-Care is a Wisconsin licensed health maintenance organization (HMO) that contracts with the Department of Health Services to

provide and pay for MA benefits for SSI disabled eligible individuals. i-Care is responsible for making benefit coverage determinations under the MA plan.

3. On January 2, 2014 a PA was requested for petitioner to receive an upper partial denture and a lower partial denture.
4. On January 10, 2014 [REDACTED], DDS issued a letter to petitioner stating that her PA for the dentures was denied.
5. On February 10, 2014 [REDACTED], DDS re-reviewed petitioner's PA. He concluded that the lower partial dentures should be approved, but again confirmed the denial of the upper partial dentures.

DISCUSSION

As a Medicaid HMO, i-Care is required to provide or arrange for the provision of medically necessary and appropriate medical services for its enrollees as required under Wis. Stats. §49.46(2), and Wis. Admin. Code §DHS 107.01(1). Medicaid HMOs may develop PA guidelines that differ from fee-for-service guidelines. However, the application of such guidelines may not result in less coverage than fee-for-service. In this case, the HMO used the Medicaid program's dental coverage criteria which provides:

Partial Dentures

Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected. A member qualifies for a partial denture if any of the following criteria are met:

- One or more anterior teeth are missing.
- The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member has at least six missing teeth per arch, including third molars.
- A combination of one or more anterior teeth are missing, and the member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member requires replacement of anterior teeth for employment reasons.
- Medically necessary for nutritional reasons documented by a physician.
- Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.

If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspid and molars only) per quadrant in occlusion with the opposing quadrant, the opposing partial, if requested, may not be authorized unless the member also has an anterior tooth missing in that arch.

Prior Authorization Guidelines, Topic #2895.

The second reviewing dentist found that the lower partial denture could be approved due to the fact that only one of the petitioner's posterior teeth in the quadrant was in occlusion with the upper teeth. Petitioner's provider was to be made aware of this and petitioner is free to schedule an appointment for that service if she hasn't done so already. I will not disturb that determination. As to the upper denture, there is no evidence that petitioner meets the criteria listed above. If petitioner's conditions worsen or if she develops better evidence, she may always have her provider submit another PA.

CONCLUSIONS OF LAW

Petitioner's HMO correctly denied a PA request for an upper partial denture.

THEREFORE, it is

ORDERED

The petition for review herein is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 15th day of April, 2014

\sKelly Cochrane
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on April 15, 2014.

iCare

Division of Health Care Access and Accountability